

Foundation Permit Application



PERMIT#: _____

PERMIT FEE: _____

ELBERT COUNTY BUILDING DEPARTMENT
PO BOX 7 - 207 COMANCHE STREET
KIOWA, CO 80117
TELEPHONE: 303-621-3172 FAX: 303-621-3165
INSPECTION LINE: 303-621-3140

Project Address: _____ City: _____ Zip: _____

Subdivision/Project Name: _____

Contractor: _____ Phone: _____

Mailing Address: _____ Fax: _____

Owner Name: _____ Phone: _____

Owner mailing address: _____

City: _____ State: _____ Zip: _____

TYPE OF WORK YOU WILL BE DOING: _____

Email Address/Contractor: _____

Submittal Requirement checklist:

___ Planning and Zoning sign off sheet

___ One Engineered Foundation Design (wet stamped) consisting of the following (where applicable):

*Size of footings and steel

*Size of wall and steel

*Caisson size and depth and steel

*Beams: Type and size

*Sectional

___ Soils test by a Colorado Licensed Engineer, stamped and signed

___ Site Plan

___ Current statement of taxes

___ Copy of the deed for the property

___ All Documents must ALSO be electronically submitted on a single CD

You must supply the Elbert County Building Department with an Engineer's inspection letter (stamped) BEFORE any vertical building begins.

OFFICE USE ONLY

Approved : Month _____ Day _____ Year _____ Expires: Month _____ Day _____ Year _____

Six Month Extension: \$150.00 New Expiration Month: _____ Day _____ Year _____

Building Department Signature and Date